

**INITIAL APPLICATION FOR STATE LICENSE TO OPERATE  
AN INDEPENDENT FOSTER HOME FOR CHILDREN**

Application is hereby made for a license to accept children in my home for full-time care, pursuant to the provisions of Sections 63.2-1701 and 63.2-1702 of the *Code of Virginia*, and the rules and regulations of the Board of Social Services as provided for by law. I/We submit the following information for your initial consideration, and I/we understand that a visit from a representative of the Virginia Department of Social Services is necessary prior to action on this application.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip Code

Members Of Household	Last Name	First Name	M.I.	Date of Birth	Relationship to head of household
Husband					XXXXXXXXXXXXXXXXXX
Wife (Maiden Name)					XXXXXXXXXXXXXXXXXX
Applicant's children living in the home					
Other persons living in household, including any children currently being cared for					

State preference as to number of children, age and sex: \_\_\_\_\_  
\_\_\_\_\_

Description of activities and services to be provided: \_\_\_\_\_

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If children have been placed in your home before, state whether by another agency (give name of agency) or by private arrangements: \_\_\_\_\_

\_\_\_\_\_

Present employment of each member of family who is working: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you own your home? \_\_\_\_\_ How many rooms are in your home? \_\_\_\_\_

How many bedrooms? \_\_\_\_\_ Private or public water supply? \_\_\_\_\_ Septic Tank? \_\_\_\_\_

Name and address of nearest schools and distance from your home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Directions for reaching your home from central point of nearest town: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give the names and addresses of three citizens as references (Give names of persons who are personally acquainted with you and your home life, who are not related to you):

Name

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IN MAKING THIS APPLICATION, I STATE THAT:**

1. I am in receipt of and have read the Licensing Standards for Independent Foster Homes and other applicable regulations and statutes.
2. I certify that it is my intent to comply with the aforementioned regulations and statutes and to remain in compliance with them if I am so licensed.

3. I grant permission to the Virginia Department of Social Services and/or its authorized agents to make all necessary investigation of the circumstances surrounding this application and any statement made herein, including financial status, inspection of the facility and review of records. I understand that, following licensure, authorized agents of the Department will make announced and unannounced visits to the facility to determine its compliance with standards and to investigate any complaints received.
4. I understand that the Virginia Department of Social Services shall request, as needed, reports from the local health department, local fire department or State Fire Marshall (check spelling)
5. I understand that an application for a license is subject to either issuance or denial. In the event of denial, it is understood that I have the right to appeal the decision, which is explained in the general procedures regulation.
6. I am aware that it is a misdemeanor for any person to operate a child welfare agency defined in Section 63.2-100 of the *Code of Virginia*, without a license.
7. To the best of my knowledge and belief, all information I have given to the Virginia Department of Social Services and/or its authorized agents on the attached forms and during any pre-application conference is true and correct. I will supply true and correct information requested during all subsequent investigations.

It is understood that this application gives the Virginia Department of Social Services the right to secure information about the suitability of our home from other sources, including any agency for whom we have boarded children.

SIGNED:

Husband's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Wife's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ County or City where you live: \_\_\_\_\_

**INDEPENDENT FOSTER HOMES INITIAL APPLICATION:**

Required Attachments:

- Financial Statement
- Results of TB assessment or test for providers, assistants, and other adults
- Home Study Assessment
- Criminal History Records
- Sworn Statements or Affirmations
- Child Protective Services Registry Check
- Driving Record

Attached:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐